



CALIFORNIA HIGHWAY PATROL

SAFE TRANSPORTATION ACHIEVEMENT RECOGNITION

“STAR”

2012 AWARDS PROGRAM



APPLICATION

[ONE PER MOTOR CARRIER]

ITEMS ANNOTATED WITH AN ASTERISK (*) ARE MANDATORY. ADDITIONAL INFORMATION MAY BE INCLUDED ON SEPARATE SHEETS NOT TO EXCEED TEN ADDITIONAL PAGES.

*Name of Motor Carrier:

*Name and company position or title of person completing this application:

*Telephone number(s):

*All identifying numbers (CA, US DOT, ICC-MC, TCP, PSC, CAL-T):

*Fleet size: # Power Units; #Trailers (flatbed/van); #tank-trucks & tank trailers; # motorcoaches-buses

*Total number of commercial drivers:

*Fleet miles traveled per year:

*Type of operation(s) – general freight; agriculture; hazardous materials; towing; passenger:

Interstate – Intrastate (or both):

*Total number of reportable (driver-at-fault) collisions/accidents in any state (“Accident” as defined in Title 49, Code of Federal Regulations, Section 390.5) during the past five years. Any driver-at-fault collisions which resulted in fatalities is cause for disqualification from this award.

Please describe, in general, any identified primary collision factors (i.e. unsafe lane change, etc), and what safety measures were implemented to prevent a recurrence:

*Any reportable hazardous materials spills during the past six years (if applicable):

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(Continued)

*Provide proof of current liability insurance showing the name of the insurance provider and the specific coverage amounts (if self insured, provide certificate of self-insurance):

Describe any community service or events sponsored by your company during the past six years, directly related to highway safety:

Identify any awards or recognitions received by your company during the past six years directly related to highway safety:

Provide any publications, newspaper articles, or other public information regarding your company during the past six years:

Outline, in detail, the reason(s) your company has maintained a high level of safety compliance. Be specific as to management philosophies applied in your company which contribute to your success:

Outline, in detail, any driver/employee safety training programs (both mandated and company initiated) and the number of hours expended during the past two years training employees:

*Is your company currently, or has your company been the subject of any investigation by any agency, jurisdiction, District Attorney or court officer during the past six years? (if "YES" please explain in detail):

Please Note: Any misrepresentation or omission of required and accurate information may result in disqualification from this awards program.